State of Wisconsin Department of Natural Resources

Reimbursement Claim Worksheet Solid Waste Reduction and Recycling Demonstration Grant Program

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Form 8700-220 (R 11/02)		Page	of	

Notice: Information requested on this form is required by the Department for any reimbursement claim submitted pursuant to s. 287.25, Wis. Stats. The Department will not consider a request for payment unless this form is completed. Personally identifiable information completed is not intended to be used for any other purpose.

Record all expenses on this form, grouped by budget category. Copy this form and use a separate sheet for each categoy. Then transfer the totals for each category to the Reimbursement Claim Summary (Form 8700-253).

Garmary (Form 6766-256).	
Grantee/Applicant Name	Project Number

BUDGET CATEGORY:

Date of Check	Check Number	Voucher Number	Payee	Description of Expenditure	Amount
		I	1	TOTAL EXPENDITURES FOR THIS BUDGET CATEGORY	